3:Wallace & Hoebel E-4, 5 (1933, 1945) 1952
NO6 Comanche NO6

When the sun was shining you were mighty nice. When the sun went down you were devils. Don't you remember how you were? Boys will be boys.' "[26]

They all laughed and let the matter drop. After all they were old men—peaceable, and not warriors jealous of their dignity.

Although they were a strong physical race of people, the Comanches were troubled with a number of diseases. Many of their ailments were due to their unbalanced diet, to exposure, and to the vigorous life they led. Among their more serious ailments were pneumonia, colds, rheumatism, wounds, broken bones, intestinal diseases, rattlesnake bites, smallpox, and cholera. The number with weak eyes, partially or completely blind, was appalling. Fevers often resulted from their trips to the east and south. The white intruders brought cholera, smallpox, and syphilis, which swept away many of the people. Epidemics of smallpox took heavy tolls in 1816, in 1839–40, and in the winter of 1861–62. The cholera epidemic of 1849, brought from the East by immigrants on the road to California, possibly resulted in more fatalities than the smallpox plague. In any event, whether from violence, disease, or old age, the end came inevitably to every Comanche as to every man—and the cycle was closed.

When the condition of an elderly person became hopeless, he was usually "thrown away" by all except his most faithful relatives and friends; and sometimes even they would desert him. This was not due so much to lack of affection and sympathy as from fear of the evil spirits and his ghost, which were believed to have taken possession of his body. When he felt death drawing near, he made disposition of all his property and retired to a quiet spot to die. After making medicine in preparation, an old man might take his own life, and at least one case is known where a man took the life of his wife by cutting her throat because she was hopelessly ill and lonely.

There was not a long delay between death and burial. If possible, burial took place the same day. The body was prepared with great care by anyone who would undertake the job, usually near relatives assisted by a comrade or close friend of the deceased. A woman attended to the body of a woman; a man attended to a man's. When a small child died, it was buried still lashed to its cradle-board. Before

[26] Informant: That's It.

4: Goldstein D-5 (ca. 1930)1934
NO6 Comanche NO6

142 of the remaining subjects were of medium thickness. The factor of age has probably influenced the distribution. Approximately four-fifths of each sex had no (or merely a trace of a) lip seam; the other fifth, excepting one female with a marked seam, showed a fairly perceptible seam. The male probable full-bloods showed a somewhat greater absence of the seam.

Teeth. Clearly discernible shovel-shaped upper incisors occurred in every full- and probable full-blood examined. Not infrequently, too, well-marked shovel-shaped incisors were found in mixed-bloods. Numerous cases of caries were noted, [164] although the impression remained that it is probably not as extensive, especially among the older people, as in whites or negroes.

Alveolar prognathism. Taking a perpendicular maxilla region as a standard, 57.9 per cent of males and 68 per cent of females had practically no alveolar prognathism; 36.8 per cent of the former and 28 per cent of the latter showed slight protrusion; and in 5.3 per cent of males and 4 per cent of females occurred medium prognathism. The 'no' and 'slight' categories would probably approximate the average in the whites.

Chin. The chin nearly always appeared firm or strong, generally round and of medium prominence. The gonial angles were often jutting.

The ear. The ear appeared large and well formed. The lobe was absent in 8 per cent of the subjects. Where present it was entirely attached to the face in 30 per cent, and separated from or pendant, in 62 per cent of the individuals. Large, medium, and small sized lobes were present in about equal frequency among the males, a somewhat larger proportions of small lobes in the females.

The helix showed a one-third roll in 62 and 76 per cent of the males and females, respectively; a two-thirds roll, 23 and 20 per cent, respectively; a complete roll 15 and 4 per cent. A trace of the Darwin's tubercle occurred in 18.2 per cent of both sexes.

4: Goldstein D-5 (ca. 1930)1934
NO6 Comanche NO6

Miscellaneous. The body build of the Comanches is inclined to corpulency, perhaps even more today than in Catlin's time. The hands appeared small but well formed. Several instances were noted where the second toe of the foot was distinctly longer than the first or big toe.

The health of the Comanches seemed not particularly good. Trachoma is endemic, with actual blindness or badly impaired vision frequent. Rheumatism, venereal diseases, and tuberculosis were other common complaints.

Relative to mentality, Richardson ('27, p. 72) says, "the Comanches were not a dull people. In native ability their chiefs were a match for the keenest minds of the white men." Mooney appraises them as 'practical and businesslike.' Although the present writer's sojourn with the tribe was very brief, he can emphatically confirm the judgments of the aforementioned observers. Joking or bantering proclivities seemed also a widespread characteristic.

MEASUREMENTS[a]

Stature. The average stature of the Comanches, according to the writer's data, is 168.3 cm. for males and 156.1 cm. for females. These averages are quite close to those reported by Boas (1895 a, males 167.8 cm., females 156.2 cm.), being practically identical in the females. A significant likeness, too, appears in the gross distribution of the two series, namely, approximately one-fourth, respectively, being short (below 166 cm.), and tall (above 173 cm.).

	Males	
	Under 166 cm., per cent	Over 173 cm., per cent
Comanche		
Goldstein	29.4	23.5
Boas	24.4	27.1
Apache and Navaho (Boas, 1895 a)	23.7	25.3

[a] It may be mentioned that the percental distributions of the characters measured, not included here, were, despite the small numbers, as a rule of remarkably even spread, i.e., conforming to the normal distribution curve. The averages, minima and maxima of the various characters are appended at the end.

7: Richardson D-4 (no date) 1929
NO6 Comanche NO6

each side. To the center was attached his buffalo hair plait, studded, at intervals of an inch or two, with enormous silver medallions, of an oval shape, and at least four inches in largest diameter. This plait swept the ground, and he seemed to set great store by it, as nothing would induce him to part with one of the ornaments. A rifle and bow, quiver and arrows, completed his costume and equipments; but being slender in figure and short in stature, his appearance was not at all imposing.

In contrast to Naroni other Indians are described: "Straightfellow was very miserably clad, dirty and ragged, with a very forbidding countenance, indicative of cunning and cruelty." While the women impressed the writer as being "Ugly, crooked-legged, stoop-shouldered, squalid and dirty, with haggard and prematurely old countenances, their hair cropped close to their heads, and with scarce a rag to cover their nakedness.[11]

The wonderful physical stamina of the American Indian has often been commented upon by enthusiastic writers who have been wont to contrast their rugged physiques and powers of endurance with corresponding qualities in the softer and more effete civilized people. Doubtless nature, manifesting herself in the harsh environment of the plains country, mercilessly worked towards the elimination of weaker individuals so that those who survived to the age of maturity were generally sound. However that may be, it is certain that the Comanches had lost this physical superiority (if, indeed, they ever had it) by the time they had completed their southward migration. The fecundity of the women was low for a savage people, death of the mother at child-birth was not uncommon, and rheumatism caused much suffering. Diseases brought by white intruders, such as Cholera, Smallpox and syphilis swept away many of the savages.[12] For smallpox they had no remedy other than the sweat bath followed by the cold plunge.

11. W. B. Parker, **Notes Taken** during the Expedition Commanded by Captain R. B. Marcy, U. S. A., through **Unexplored Texas**, in the summer and Fall of 1854 (Philadelphia, 1856), 194.

12. The archives of the Indian office of the Republic of Texas, at Austin and of the United States Indian Office at Washington contain references to these diseases too numerous to cite. Also, the Bexar Archives and the Archive General, at the University of Texas and Mexico City respectively, indicate that during the Spanish period smallpox frequently ravaged the Comanche bands. For more general statements see, The Report of Alex B. Hasson, as cited and James Mooney, Calendar History of the Kiowa Indians, Seventeenth Annual **Report** of the Bureau of American Ethnology, I, 173, 289, 168, 172, 176, 274, 311, 177.

11: Casagrande E,L-5 (1940) 1954
NO6 Comanche NO6
Oklahoma

where one might expect to find the greatest proliferation of abstract terms is likewise relatively barren. It reflects a religious fundamentalism preached by parable and illustration. Ideas like resurrection, apostasy, holiness, salvation, and penitence are translated, if at all, by clumsy descriptive phrases or sentences.

Several segments of White culture have received some linguistic elaboration. There are words for fourteen or so breeds of dogs, and the vocabulary of terms for card playing and gambling is fairly rich. Both of these flairs can perhaps be explained in terms of interests already present in the culture. Linton mentions the great preoccupation of the Comanche with the dog,[150] and Steward notes the Shoshone predilection for gambling, common throughout North America, and which was shared by the Comanche.[151] There are a great many words for various diseases and many of these such as the word for diabetes, called *sugar sickness*, evince a good deal of sophistication. Indeed, the diseases the Whites brought and the havoc they wrought could hardly have escaped attention. As one informant said, "Before the Whites came there was nothing but toothache". Mooney mentions smallpox epidemics in 1816 and 1861–62. Cholera was rampant in 1849 and in 1882 measles and whooping cough broke out. Measles again reached epidemic proportions in 1892.[152] At the present time a well-equipped and staffed hospital is available and, in line with the general government health program, some knowledge of medicine is available to the Comanche.

The list of terms omitted from the acculturation vocabulary is perhaps as in-

[150] Ralph Linton, The Study of Man, pp. 428-29 (Appleton-Century, New York; 1936).

[151] Julian H. Steward, Culture Element Distributions: XIII, Nevada Shoshone, Anthropological Records, 4: 2, p. 247 (University of California, 1941).

[152] James Mooney, Calendar History of the Kiowa Indians, 17th Annual Report, BAE (Washington, D. C.; 1898).

[P.252-A]

175
648 the Spanish government through the viceroy in
728 Mexico City authorized an annual distribution of
[431] gifts to the Comanches to be paid for by a special fund created for that purpose.

There were, in truth, a number of cogent reasons why the warlike Comanches were willing to accept Anza's offer of peace in 1786, quite apart from the
[721] elaborate gifts which were to be forthcoming. In the first place, their raids against New Mexico in the 1770's had proved so devastating that the impoverished province, at least for the time being, had little
[164] to offer them. Moreover, a severe smallpox epidemic that had visited most of western North America in 1780-1781 had taken its toll among the Comanches, leaving the tribe greatly weakened for a number of years thereafter. Finally, the Comanches were continuing their drift toward the south and east so that the focus of their attention was moving away from New Mexico and toward the settlements of Texas, Coahuila, and Chihuahua.

Not so understandable is why the Eastern Comanches or Orientales were led to accept peace terms at about the same time as their kinsmen to the west. Apparently, the overriding consideration in this case was the hatred felt toward the Lipan Apaches, against whom the Orientales now joined with the Spanish in common cause. [See Document I].A^

The peace established in 1785-1786 with both the Eastern and Western Comanches relieved the settled frontier of serious attacks from this tribe for almost a generation and was one of the few notable achievements registered by Spain in her dealings with the Indians of the northern frontier during the eight-

14 A^ [See Category 175, pp. 21-22--Analyst.]

20: Wallace H-4,5 (1945) 1953 NO6 Comanche NO6

exert a powerful cultural influence at a time when the Comanches were groping for new behavior patterns. They cooperated with the Indian Office and other agencies in an effort to improve health, education, home life, social relations, and economic conditions of the Indians. As a result, most Comanches today are Protestants.

As a part of its functions, the Kiowa-Comanche Agency supervises a health program. Primarily, its program is both remedial and preventive. The Kiowa-Comanche hospital is located adjacent to Fort Sill Indian School, two miles north of Lawton. The original hospital was built in 1917, but a new wing was completed in 1929 and a tubercular ward was added in 1936. Both additions are fireproof and modern in every respect. The hospital with a capacity of 121 beds in 1945 had never found it necessary to turn away any patients for lack of facilities or trained personnel, according to officials. Some 1993 patients, of whom 798 were Comanches, were admitted to the hospital in 1930.[51]

Since it is neither convenient nor possible for all the people to go to the hospital each time medical service is needed, a clinic is maintained at the Agency headquarters at Anadarko. Three other stations, each with a full-time nurse, and a full-time traveling nurse assist in looking after the health of the Indians. The state health service, with a unit in each county, cooperate with the agency health service. The annual cost of the program during the early 1940's was approximately $190,000, largely derived from tribal funds. Patients unable to pay are not charged for service; the others normally pay a moderate fee.[52]

The health program has brought about a progressive improvement in the health and in health standards of the Comanches and the Kiowas. In addition to remedial and preventive value, the program has had far-reaching cultural significance. Like the Extension Service, the Christian missionaries, and the schools, it, too, is helping the Indians to

51. Dustin, op. cit., sec. III, 6-7.
52. McCown, Kiowa Jurisdiction, Program Kiowa Reservation, 1945, pt. I, 9, pt. II, 24.

21: Burnet T-5 (1818-1819) 1954 NO6 Comanche NO6
Texas

175 [ca. 1818]
262 imagine, these beef chips are neither very palatable nor alimental after this operation; but they are still meat, and
175 meat is always desirable to a carniverous savage. The bene-
317 ficient author of nature has given them an inexhaustible supply of salt. They procure this excellent fossil from a saline near the sources of the Rio Brazos, where it is indurated by natural evaporation, into masses of different dimensions. When pulverized, it is of a beautiful whiteness, not
175 inferior to our best table salt. But owing to their roving
263 habits, the Indians are frequently destitute of this healthful and savoury ingredient in animal food, and eat their meat for months together without seasoning of any kind. They do not consider this privation as a very serious matter.

175 They make a kind of bread of the pods of the locust
262 tree, which grows abundantly throughout their range. These pods possess a small portion of sacchrine matter which renders the meal cohesive and gives it an agreeable though somewhat insipid taste; but in substance it is about as edible as saw-dust, which it resembles in appearance. The Peccan tree grows luxuriantly on all their water courses, and the delightful nut it affords, together with black and red hawes, prickly-pear apples, and some other spontaneous fruits, and a few excellent roots, eke out the scanty subsistence of these people, during the absence of their favorite Buffaloes.

175 Some of the lower or southern villages make an annual
22 visit to the Whacoes (a small tribe located on the Brazos)
[439 and traffic horses for beans, melons, and corn. But owing to
[261 their frequent migrations, they are not able to transport a permanent stock of these articles; and very soon after returning from the corn feast of their more provident neighbours, they relapse into their habitual alternations of feast or famine.

175 But Providence seems to have provided them with some
165 natural indemnities against the physical evils that might be
[164 supposed incidental to their irregular and versatile manner of life. Notwithstanding their frequent and painful privations, they are subject to few diseases, and exhibit many instances of remarkable longevity. Men, whose furrowed

24: Richardson H-4 (no date) 1929 NO6 Comanche NO6
(1854-1859) Texas

164 657 The health of the Indians was not always good. Veneral diseases were virulent and common and there was not sufficient medicines and doctors. Typhoid pneumonia is mentioned among the diseases reported by the doctor who occasionally attended the patients.[20]

241 The reservation farmer had his troubles also. The Indians would turn their horses into the corn field, or turn them loose where it was evident that they would get in the field. They would pull melons no larger than an egg and were want to consume all 241 their corn before it had grown to good roasting-ears. In the spring 657 of the second year they refused for some time to plant their crops until they had been given presents, but finally the agent persuaded them to go to work without the presents.

578 684 Sometimes there was violence unto death. A chief engaged in intrigue with another man's wife and, according to custom, the injured man demanded that the chief compensate him to the amount of a horse. When the chief refused or hesitated to do this he was 696 slain at once by the sons of the injured man. Then the father and his sons together with their women and children fled from the reservation and were not overtaken, although a scouting party followed them for a hundred and fifty miles.[21]

177 And yet, notwithstanding these evidences of savage crudeness, it must be said that at least some of the Indians were making 177 progress toward a more civilized existence. Under the direction 241 of the reservation farmer they worked and occasionally made fairly 657 good crops, but the amount of land in cultivation was small. In 1857, they made but fifty bushels of wheat off of the twenty acres sown and 500 bushels of corn was produced on the remainder of [567] their land in cultivation. For awhile the Indians were prone to rely too much on their prisoners to do the work but after these were freed and returned to their people in Mexico that abuse was corrected. In 1858, the reserve farmer reported a better yield. In the spring of that year he had divided the community fields into six divisions in order that each of the prominent clans might have [231] a parcel of ground suited to its numbers. He thought that they would have made enough grain (principally corn) that year to

[113] [113] 20. J. Shirley, bill for medical services, March 29, 1858. Ms. University of Texas photostat copy. Neighbors to Manypenny, March 7, 1856. Ibid.
21. Leeper to Neighbors, April 9, 1858, Ibid.

31: Jones E-5 (1967-1970) 1972 NO6 Comanche NO6
Oklahoma

Comanche Origin

174 The Comanches' emergence probably occurred on the eastern fringes of the Basin area, somewhere in the vicinity of southwestern Montana and northwestern Wyoming. The specific area of Comanche birth would be impossible to pinpoint; however, judging from the range of the eastern Shoshone, the origin tales of the Comanches, and the Spanish records of New Spain, it can be suggested that the area of Wyoming between the Yellowstone and Platte Rivers may come close to defining the general vicinity of Comanche origin.

173 The most commonly recorded tale of Comanche origin tells of a dispute which arose among a large group of Indians who were traveling in the northwestern Wyoming area. Two factions of this group disagreed over the division of a game animal, usually identified as a bear. As a result, they separated. One group went north, and this group is now identified as the Shoshone. The other group turned south and east, and the tale states that this group was the Comanche.

The following is Sanapia's version of the origin of the Comanches. I include it here because it is an explanation of Comanche origin which to my knowledge has never been recorded and also because it illustrates a significant point with reference to Sanapia. The core reason for the eventual fracturing of the main group is attributed to disease. This type of explanation would seem most relevant to Sanapia as a doctor. This tale was taught to Sanapia by her mother, who in turn learned it from her father.

There was lots of groups of them at that time . . . by the thousands, here and there, just like that. They be on a river, east of those big mountains . . . Wyoming, I guess. This whole army of Indians, mens, womens, and childrens.
173 Somehow, I don't know how, they got a big sickness. It was this polio . . . some-
● 164 thing like that stuff, I think. Did you ever hear the like of that? It just twist their arms and their legs this way and that way. It twist their necks too. They act like that for about five minutes, and they just die. If they walking, fall right over
173 and die where they are. The bottom of that place where they were camping was just full of dead peoples. So this man, like a chief or something, got on his horse and rode around the camp and he was talking loud, you know. He said, "I want you all, this group, go south as far as you could go. If you don't, you are going to all die out soon." Then they all got on their horses with their wives and childrens and just left their tepee there or what they living in, them days. They just took out carrying nothing except their knives. They didn't even have nothing to carry water in. So that big camp went south just as far as they could go. Then that man said to some other people, "Now you all go west . . . right straight west just as far as you can go. When you come to the big mountains just go on the other side if you could get over. You other group, go northwest, way up that way. It'll be alright." And so they scattered like that . . . all those ways. Some of them was left and they said, "We going east." The chief said, No, don't go that way. That's white people's land. They be up that way when you get over there. They going to kill you all. You all go west just so far. When you hit a river just live there." So these other folks went southwest from there and northwest. They all scattered and went like that. These other ones that didn't believe him, well, they just died. Their bodies were everywhere. So lot of them end up in the mountains. Bunch went into Wyoming, I guess, and

31: Jones E-5 (1967-1970) 1972 NO6 Comanche NO6
Oklahoma

ceremony was similar, in its essentials, to the following description given by Sanapia of the blessing by her grandmother: 115 159 756 603

> One morning she told my mother, "This morning I'm going to bless my granddaughter. I want to fix it. I want my son to go out there and build a fire and when it turns to coals he could bring me some." And she had a little iron bucket, you know, and she said, "Put that big coal in this iron and bring it into my tepee. I want to bless her so she could live a long time and help people. And then she going to have children. And whatever she wants, anything at all, she's going to get it . . . easy way . . . she won't have to work, she won't have to do nothing." That's what she said, and then she blessed me. I was pretty good size, about fourteen I guess. She blessed me with all what she said and then she put cedar on them coals and she pray and sing. Then she put her hand on my head and I inhale that cedar and she fan it on my legs and arms, all over my body. She would sing a song and then she prayed some more. And you know, in them days I never did know how they prayed, but she would pray and she said, "You, I don't know what you are, but I want you to bless this little girl so she can grow up and live to be an old lady like me. You, the one who go in the night and watch people, I don't know who you are, but you're like that, bless her. And this earth, I want her to walk on you for many, many years. I want her to be strong and healthy and I want her to live many years." And after she got through, she took that red paint and put water in it and rubbed it like that. Just smeared it all on my face, and rubbed it from my knees down to the bottom of my feet. Then she said, "Now, she's going to stand on this earth. This paint comes from the earth and she's going to stand on it. And she's going to live long life after she gets old. Help peoples. And when she gets real old, and her hair turns gray and white and her teeth fall out, well, that's when she's going to die." That's what she told me.

In the early 1900s a flu epidemic struck the Comanches. Sanapia was afflicted, and her maternal uncle was summoned to treat her. It was during this treatment that the uncle gave his consent by including phrasing in his standard blessing ceremony at the termination of treatment which meant that Sanapia would regain her health only if she would devote her life to the profession of doctoring. Frightened by this bit of "blackmail," Sanapia promised that she would always strive to be a good woman and a good doctor. As a symbol of her promise, the uncle gave her a new name, "Memory Woman," signifying that Sanapia should never forget the oath made to her uncle as a condition for her regained health. 115 159 756 604 [164]

The next to give consent was the grandfather, but the final and most crucial consent needed was that of the mother. It was given early in the last year of training. With the mother's blessing–consent, the actual transfer of power began. This transference of supernatural power from the mother would progress through four stages, culminating in Sanapia's four days and nights of solitary meditation. The four-day ordeal, or vision quest, signals the termination of training, for it is at this time that the neophyte eagle doctor's power is tested during the period of solitary meditation as the ghosts converge on him in an attempt to frighten and harass him to the point that he will renounce his Medicine. In other words, even with the consent of the teacher and the three advisers, the actual fait accompli is ultimately the outcome of a kind of mystical combat between the 115 159 756 593 [603] 115 159 756 775

31: Jones E-5 (1967-1970) 1972 NO6 Comanche NO6
Oklahoma

The tabus which are attached to supernatural power are a major reason that a doctor may experience difficulty in his attempt to find a successor. Wallace and Hoebel (1952:165) mention this in their discussion of Comanche supernaturalism:

> Such reluctance to assume power, or particular powers, was common among the Comanches. Powers were always accompanied by tabus; tabus were onerous restrictions on the freedom of action that a Comanche male cherished. The result was an ambivalent attitude toward the possession of Medicine.

Sanapia, being aware of this, is planning to delete certain tabus from her Medicine way in order to make the acquisition of her powers more palatable to a twentieth-century Comanche. Of course, the absence of certain tabus also indicates the absence of the concomitant degree of power. Her successor will not be burdened with the food and eating tabus which Sanapia finds so cumbersome. He will also not have to be bothered with the tabu forbidding the making of direct requests. These deletions are major concessions for Sanapia, but ones which she feels are necessary if her tradition is to continue.

Sanapia's mother modified her Medicine way before transmitting it to Sanapia for much the same reasons that Sanapia is now being compelled to consider. An element which occurred in her mother's modifications, though not in Sanapia's, was the deletion of certain powers because of their lack of contemporary function. Her mother possessed many medicines and songs which were associated with the role of midwife. She told Sanapia that the delivering of infants would be taken over by white doctors in the future and, therefore, there was no reason for Sanapia to learn the skill or to be compelled to observe the tabus associated with it. To both Sanapia and her mother the primary function of an eagle doctor is his ability to cure ghost sickness[2]. The deletions in tabus and power made by Sanapia and her mother have not infringed on this specific power.

Sanapia believes that her doctoring tradition will ultimately die as the Comanches become more acculturated. She states that *puhakuts* will cease to exist when the Comanches have no more need for them. Sanapia's sensitivity, concern with function, and general pragmatic instincts make her a very sensitive barometer of the manner in which culture change is viewed and handled by a traditionally oriented Comanche. Since her opinion of herself is bound by supernatural sanctions, and not merely by elusive value structure, her reaction to culture change is much more dramatic.

Attitudes about Sanapia

The ways in which Comanches of both northern and southern affiliation and members of neighboring tribes react to Sanapia as a personality are many and

[2] "Ghost sickness," "twisted face," and "crooked mouth" are names which the Comanches, as well as other southern Plains tribes, give to a condition of facial hemiplegia, usually with concomitantly occurring constrictions of the hands and arms, which is said to result from ghost contact.

31: Jones E-5 (1967-1970) 1972 NO6 Comanche NO6
Oklahoma

Sanapia. The Comanche name for ghost sickness is *bedeyai*, which Sanapia translates as "ghost done it." She describes the condition in this manner: 775 753

> You seen them, I guess. Their face get all twisted up on one way, and their eyes might get twisted up on the left side and their mouth would twist around too. Their eyes run all the time and they can't hardly see. You can see the gums in their mouth and the teeth. They get to slobbering so bad that they got to hold a rag over their mouth. Sometimes their hands get bent up and their arms get turned around and they be shaking sometimes. Oh! they stink when they get it, just like dead persons. I'll tell you, when you doctor someone with twisted face, its the most nasty thing you could do. You have to put your mouth right on it. 775 753 164

Usually, the ghosts do their harm to individuals whom they find outside and alone at night. The following is an example, from a Comanche informant, of a very standardized account of ghost contact. This tale, with only slight variations, was also collected from Kiowa and Kiowa-Apache informants. 775 753 [171]

> We was up around Fletcher picking pecans one afternoon. It started getting late, but we didn't notice because we were having a good time. And the sun went down, so I told that bunch I was with that I was going. I started to walk to my pick-up parked up on the highway. And so I was walking. It was then that I heard something around me. Some sound like somebody walking behind me in the grass. The hair about to stand up on my head, because I knew what it was right then. So I start running. I run, and run, and run. After a time I turn my head to see if I loose it and, bang, it hit me right on this side of my face. It was right behind me every minute I was running. I fell down hard when it happened and seems like I went to sleep or something. When I woke up, it was still dark and my face was chilled-like, you know, it was dead feeling. So I got home after a while and my wife gave a holler when she see me with my face all screwed up like that. I guess it look pretty bad alright. Didn't hurt. It just look bad. We got it fixed up later. Indian doctor fix it up pretty good for me.

A key point to these tales of the appearance of the ghosts and the subsequent contortion of the face of the individual contacted lies in the emotion of fear. In every tale of this nature, the ghost victim states the fear he felt at the sight or sound of the ghost. I also collected several accounts in which the individual contacted by the ghost describes how he managed to control his fear at the appearance of the ghost and thus avoided the ghost contortions. Sanapia is very explicit on this point. She states that the only defense against the ghost is courage. 775 753 152

> You might be walking along, out there someplace, and you hear some sound moving along behind you. If you going to turn around, you got to turn all around, turn your whole body around, and look right at it. See what it is. But if you just turn your head, take a peek, that's when they twist your face. Turn all the way around and look at it and say, "What do you want? Come here, let me see you," or "Go away. You're dead." Say that to it and it's gone. That's the way they do. You got to stand up to that ghost. You got to show it you ain't afraid of it. If you don't, they got you, and they twist you up right now.

31: Jones E-5 (1967-1970) 1972 NO6 Comanche NO6
Oklahoma

elaborate on this statement, only suggesting that she works to make her patient believe in her since he will not regain his health if he does not have faith in her powers. Some of Sanapia's expatients have noted her ability to make things appear and disappear; however, as mentioned previously, Sanapia will deny that she does sleight of hand.

Sanapia is aware that her shamanistic performance is expected by her patients and that it is a necessary element in strengthening their faith in her. However, she states that she could marshal her powers for healing without the performance, though the patient would not be highly impressed. Sanapia must move the patient to an emotional acceptance of her powers, for she feels that without the patient's confirmed faith her powers can do nothing toward curing him. Sanapia's belief that the patient's attitude toward the doctor is of significant importance in determining the outcome of the treatment is based in a sound grasp of psychotherapeutic principle, though in her case it is couched in the mystique of the faith healer.

Number of Patients per Year

How many patients does Sanapia doctor each year? This would be a difficult question to answer exactly. Sanapia does not think in these terms. Further she does not consider it "proper" to discuss the question. I would estimate, however, that she doctors approximately six cases of ghost sickness per year, and she may treat twenty patients suffering from more standard ailments during the same time. These estimates are based on clues collected during several years of interviewing and on observations of the contents of her medicine kit. I observed her medicine kit in the early fall when her medicines were almost totally depleted and watched as she collected what she felt would be a sufficient quantity of medicines to last until the next collecting season the following fall. From a knowledge of the possible combinations and quantities of dosages of these medicines, I estimated how many patients could be treated before the medicine supply would be depleted. This estimate corresponded closely with the estimates based on interview material.

What Is Ghost Sickness?

This is an important question. The key to understanding Sanapia's vital function in twentieth-century Comanche society rests with the answer. Ghost sickness may be an entirely organic or static affliction, perhaps a variety of organically motivated transient paralysis. Then again, a viewpoint suggesting the psychogenic nature of ghost sickness presented itself when Sanapia's accounts of ghost sickness victims were perused, particularly noting the age and sex of the victim. In the majority of cases, the victim was male, twenty-five to forty years of age. Also, based on interviews with ghost-sickness victims and information gathered from Comanche informants, it was discovered that these individuals were all very similar personalities.

31: Jones E-5 (1967-1970) 1972 NO6 Comanche NO6
Oklahoma

775 164 [755] The Comanches use "crooked mouth," "twisted face," and "twisted up" as synonyms for ghost sickness, and these terms are helpful in their descriptive capacity. It is also significant that Sanapia is almost always successful in curing this affliction in adults, though she is much less efficient in curing these same symptoms when they appear in infants and are considered the result of witchcraft.

A survey of the literature on hemiplegic disorders strongly suggests for consideration a vaguely understood variety of paralysis called Bell's palsy. Bell's palsy is due to the paralysis of the seventh cranial nerve and results in the paralysis of one-half the face. The condition is usually abrupt in onset, reaching its peak within a few hours. In the majority of cases the paralysis appears as an isolated finding without demonstrable cause. The eye on the affected side cannot be closed and its waters excessively. The lips are displaced toward the healthy side and the corner of the mouth sags. "No proof of bacterial or viral infection has yet been adduced, and the actual pathogenesis remains unknown" (Kunkle 1950:1493). Treatment usually consists of kneading and friction on the afflicted side (Goodall-Copestake 1926:225).

124 775 164 I prepared simplified descriptions of ordinary hemiplegia, multiple or disseminated sclerosis, shaking palsy or Parkinson's disease, and Bell's palsy, neuromuscular disorders which all share some symptoms in common, and read them to Sanapia for her reaction. She immediately chose the account of Bell's palsy as a description of ghost sickness, even suggesting that I had based the description on information with which she had supplied me.

775 164 The medical descriptions of Bell's palsy describe the facial paralysis present in ghost sickness; however, in these accounts no mention is made of a concomitantly occurring contraction, spasm, or paralysis of the hands and arms, a symptom which from Sanapia's accounts occurs in many cases of ghost sickness. The emotion of fear, a key theme in the accounts of actual ghost contagion, offers a clue to the etiology of the affliction of the hands and arms. Dr. Gail Neely (1968) offered the suggestion that fear or emotional shock is one of the major causes of hyperventilation, or highly irregular, abnormally rapid respiration. Schottstaedt (1960: 48–51) supports Neely's suggestion and adds:

> Hyperventilation deserves special emphasis because of its importance in giving rise to symptoms. . . . This process ultimately results in a state of respiratory alkalosis with effects throughout the body. Many sensations result from this chemical derangement. . . . If hyperventilation continues long enough, spasms of the hand and feet (tetany), a feeling of being paralyzed, and actual loss of consciousness may occur. . . . Any of these manifestations may arouse fear; the more dramatic ones ordinarily do.
>
> In addition, an anxious person often has irregular respiration, which may become sufficiently severe to produce all of the manifestations of hyperventilation. The overt behavior is usually avoidance, ranging from a readiness or desire for flight to actual running away.

Medical descriptions of tetany, which, as Schottstaedt mentioned, can be caused by hyperventilation, follow Sanapia's description of the hands in ghost sickness to the letter. Aub (1951:1275) writes:

31: Jones E-5 (1967-1970) 1972 NO6 Comanche NO6
Oklahoma

The hands become stiff, with rigid fingers. The thumb is markedly adducted and partially covered by the stiff fingers, which are usually bent only at their metacarpophalangeal joints. The palm of the hand is hollowed, while the wrist and elbow are flexed.

It is significant that Sanapia's methods of doctoring ghost sickness follow the treatment by white doctors for Bell's palsy and hyperventilation. Her rationale for her method of treatment is not similar, but the actual results of the behavior which she initiates are. She applies her mouth to the patient's face in an attempt to suck the illness from the individual. She also applies liquid medicines to the face area and draws her Medicine feather over the skin in the afflicted area. This could constitute the "gentle massage," "kneading of the cheek muscles," and "gentle friction" prescribed by Kunkel (1950:1493–1494) and Goodall-Copestake (1926:225) for treatment of Bell's palsy. When Sanapia turns her attention to treating the contorted hands, her method, in general, follows that which Dr. Neely states that he utilizes to relieve the symptoms of hyperventilation. She drapes a towel or piece of cloth over the patient's face and directs him to inhale the pungent smoke produced by smoldering medicines. During this phase of treatment she croons to the patient and gently reassures him that his condition will be cured. Neely stresses that the calm reassurance of the patient suffering from hyperventilation was a necessary part of the treatment. He also temporarily places a bag or some sort of facial covering over the patient's mouth and nose to impede the invidiual's intake of oxygen and force the recirculation of carbon dioxide. He also notes that smelling salts or ammonia can be used to further decrease the patient's attempts at excessively deep and rapid breathing.

A Psychogenic Hypothesis

In an attempt to discover an organic or static description of ghost sickness it was found that the types of disorders which most thoroughly describe ghost sickness are all highly suspect as to their being more organic than more functional in nature. The particular reasons why this hypothesis was suggested prior to the discussion of Bell's palsy and hyperventilation were based on the noted similarity in age, sex, and general personality type of the ghost victims and the fact that though the rules for ghost avoidance are extremely simple and obvious, certain individuals still apparently voluntarily violate these rules with full knowledge of the predicted consequences. The discussion of Bell's palsy and hyperventilation added further evidence for the role of psychological phenomenon, for example, the emotion of fear, desire for avoidance, shock, emotional strain, pressure, and the therapeutic value of reassurance in the treatment of hyperventilation.

Two concepts of psychosomatic medicine must be mentioned and their utility evaluated before proceeding further. These concepts are "conversion reaction" and "vegetative neurosis." A conversion symptom is a symbolic expression of a well-defined emotional content, while a vegetative neurosis is the physiological

31: Jones E-5 (1967-1970) 1972 N06 Comanche N06
Oklahoma

775 164 accompaniment of constant, periodically recurring emotional states rather than an expression of an emotional state (Alexander 1948:7).

Heuristically, the concept of vegetative neurosis is disappointing for our purposes. It leads us nowhere, for it contains no aids to determine the meaning of expression, the expressive "why" of ghost sickness, for example. A conversion reaction (synonym: conversion hysteria), however, is a symbolic expression of a specific emotional state. It is essentially an unusual form of communication. A mode of symbolic communication, to function, must possess meaning for the group, that is, the relationship of the symbol to the referent must be accepted by group consensus. Thus, if it can be established that ghost sickness is a conversion reaction in Comanche society, the suggestion can be made that it acts as a form of communication. If we can identify the referents to the symbology being employed in this communication, we can perhaps decipher the message and determine the psychogenic roots of ghost sickness.

A person with conversion hysteria substitutes a symptom for a psychological conflict. "For example, a girl of eighteen goes blind in an examination, thinking, 'I don't see how I can pass this,' and four years later goes blind again when her bridegroom is ordered overseas." (Cobb 1950:1514). Physiologically, conversion is no different from any normal method of expressing emotion, such as weeping, laughing, and blushing. Hysterical conversion, however, is motivated by unconscious impulses. Motor paralysis is the most common symptom in such instances. It is also noteworthy that conversion symptoms often imitate organic illness, that is, they represent the patient's notion of disease process.

Thus, it can be seen that the physiological nature of ghost sickness, paralysis of voluntary muscles, can be considered as at least similar to the general complexion of the major manifestations of conversion reactions. However, the nature of the precipitating factors involved remains a problem. What is the content of the "psychological conflict, unconscious alien impulse, or unbearable idea" (West 1962:94) which could cause a conversion reaction in a Comanche individual resulting in ghost sickness.

The Victim of the Ghost

186 775 177 154 156 In my study of the Comanche ghost-sickness victim, I noticed that a definite attempt at emulative adaptation to white society which failed, the unendurable psychological state of cultural marginality, and an extremely intense desire for reintegration with the more traditionally oriented group were the three most prevalent themes preceding the onslaught of ghost sickness. The victim usually sprang from the traditional group; therefore he desired reintegration with that particular group. Also, though the victim may have initially naively desired to interact in only one institution of white society, usually the economic system, his traditional group automatically defines him totally out of their category. Absolute outcasting from the traditional group is not what really happens in every case; however, it seems to be what the ghost-sickness victim thinks happened. The ghost-sickness victim will feel extremely anxious under the conditions outlined. He

31: Jones E-5 (1967-1970) 1972 NO6 Comanche NO6
Oklahoma

Ghost Sickness and Witch Sickness

Sanapia's great success in curing ghost-sickness victims appears to give further support to the idea of the psychogenesis of ghost sickness. Then again, she would also be attributed with success in curing a transient unilateral facial paralysis of an organic genesis which ran its course during the time of treatment or within a suitable time span after treatment. Of course, they both support the same conclusion to the Comanches: Sanapia can cure ghost sickness. However, if Sanapia is successful in curing ghost sickness, why does she enjoy a relative lack of success in curing the victims of witchcraft when the symptomatic manifestations of the two are practically identical? Once again, as in the discussion of ghost sickness, a valuable clue is suggested by looking at standardization in the age and sex of the victims of the witch. The institution of witchcraft will be more thoroughly surveyed in Chapter 5. It seems most appropriate that the etiology of witchcraft symptoms should be discussed at this juncture since we are approaching the question of Sanapia's cultural function as curer of afflictions believed by the Comanches to be magically or supernaturally instigated. [128]

The overwhelming majority of Comanche witch victims are infants, rarely more than several years of age. Therefore, we must base our attempt at explanation of the symptoms of witch sickness on an organic disorder which corresponds to the symptoms displayed by the witched victim. The medical literature presents an account of a disorder which corresponds in type to the symptoms present in ghost sickness and witch sickness, but which is limited, with rare exceptions, to infants less than two years of age. This neuromuscular disorder, tetany, also exhibits two symptoms by which Sanapia conceptually differentiates between witch sickness and ghost sickness by the degree of their severity. Sanapia points out that though witch- and ghost-sickness victims demonstrate similar modes of contortion, the witch victim's contortions appear most often in spasmodic fashion, while this trait is less marked in ghost sickness. Also, the peculiar contractions of the hands and arms, described in discussing ghost sickness, are more prevalent in cases of witch sickness. Further, two major causes of tetany in infants result from inadequate calcium intake and vitamin D deficiency, dietary lacks which could easily occur in the relatively poor environment in which many Comanche infants are reared.

Aub (1951:1275) mentions that signs of tetany will result from alkalosis of various origins, such as hyperventilation. The relationship of the emotion of fear to hyperventilation is noteworthy. Although the infant does not understand that he is the target of the witch, his parents do. Perhaps the parents' increased anxiety over the symptoms of tetany, which they could associate with witchcraft, only acts to increase anxiety in the infant, thus more readily acting to increase the possibility of hyperventilation. It is a common observation that the emotional state of parents can affect the emotional state of their infant children.

Because of the suggested differences in etiology of ghost sickness and witch sickness, Sanapia's success with ghost sickness and relative lack of success in curing witch sickness is understandable. She can relieve some of the symptoms of

31: Jones E-5 (1967-1970) 1972 NO6 Comanche NO6
Oklahoma

754 witch sickness through her ability to ease the anxiety of the parents and therefore
854 decrease the anxiety which is communicated to the child. However, Sanapia can-
164 not alleviate certain factors, perhaps of an environmental nature, which have
756 caused tetany. It is also significant that with witch victims, because of their age, Sanapia is unable to communicate. In discussing the actual treatment of ghost sickness, it was seen that psychotherapeutic traits in her behavior toward her patient are ubiquitous.

Sanapia, Ghosts, and Ghost Sickness

756 A great amount of time has been spent in discussing ghosts, ghost sick-
775 ness, and the suggested causes of ghost sickness because of this complex's close
164 association to Sanapia's role in Comanche society. As an eagle doctor, Sanapia's
755 special thaumaturgic power is believed to be her ability to counteract or defeat the ghost's malevolent influences on living men. Because of the nature of the symptoms associated with ghost sickness and because of their probable psychogenic etiology, she is almost always successful in treating the victim of the ghost. If the affliction which her patient possesses is an organically based transient unilateral facial paralysis, it will disappear of its own accord when it runs its course; and if the disorder is hysterically induced, the patient actually cures himself, while Sanapia more or less functions as a symbol to the patient that the time for his cure is at hand. Of course, the psychotherapeutic value of her method of curing cannot be minimized, and perhaps it could be said that the emotional state which she induces in her hysterical patient functions as a trigger for his self-healing.

756 Sanapia's most important overt function in contemporary Comanche society
775 is as a symbol of the Comanche's ability to withstand the attacks of the ghosts.
154 She also serves as the necessary key to the psychological reintegration of marginal Comanches who have "employed" the ghost-sickness conversion reaction. As long as Sanapia, or other eagle doctors, stand as a source of cure, Comanche individuals can contract ghost sickness as a means of relieving certain intolerable emotional states. This could also serve to explain the longevity of the institution of the Comanche eagle doctor, while the other kinds of Comanche native doctors have
756 long since ceased to exist. The human disorder associated with the eagle doctor's
177 particular brand of specialization, ghost sickness, has only increased with the
775 acculturation of the Comanche people, while the specialties of the other varieties
164 of Comanche doctors have been usurped during this same process. It is ironic that acculturation, while actively corroding the overall complexion of traditional Comanche culture, has also served to revive and augment the important function of a symbol of traditional Comanche culture, the Medicine woman.

31: Jones E-5 (1967-1970) 1972 NO6 Comanche NO6
Oklahoma

754 Bible for her response and for material to construct what she felt would be her
756 evasion of the point of the question. This is an example of the manner in which Sanapia has organized elements and sentiments of the three supernaturalistic systems which affect her life into a supportive and cohesive whole. The following quotation is standard of her manner of responding to the many questions which were directed to her concerning her potential to execute witchcraft. It should be noted that in the example given, she indirectly admits to a belief that she is at least capable of witchcraft. This also was a recurring element in all her responses to questions on this subject.

> I don't think about it much, because the Bible tells me not to kill. I'll be punished if I die. God's going to do that to me. You can't steal too. Can't steal from nobody. That's what I learn in the Bible. Don't steal from nobody. Stealing is bad and people could get in trouble for it. [Proceeds to tell a story about a thief.]

Sanapia is, however, quite knowledgeable as to *a* Comanche method of witchcraft, a method which, in my opinion, is strictly the province of the eagle doctor. A few years before the death of the Medicine woman previously mentioned, she was invited to live with Sanapia. This fact is still very present in the minds of some Comanches who continue to allude to this when they are discussing the fear which Sanapia arouses in some of her people. Sanapia states that doctors have a special obligatory bond which motivated her to offer assistance to the older woman who, at the time, was experiencing economic and health difficulties. She does admit that during this time she learned very much about witchcraft from the older doctor, who was also an eagle doctor.

Reasons for the Use of Witchcraft

754 There are, of course, a variety of reasons why a *puhakut* would resort to
756 witchcraft. The most common reason in Sanapia's opinion is jealousy, although a
828 Medicine practitioner can also be commissioned to use his powers and knowledge of witching ritual for evil. There is also the instance in which a Medicine man is told in a dream that he will be able to save the life of his patient if he first takes another's life. Sanapia states that the latter two instances are rare in modern times and that most witchcraft victims whom she has doctored have been witched because they, or more likely their parents, inspired jealousy in certain old people who possessed *puha* and who knew how to witch. It is significant that in the several accounts of witching which Sanapia has reported, she always laid the
[854] blame for the act on old people and in almost every case on old women. It is
[164] also relevant to note that five of the six accounts which Sanapia has supplied concerning victims of witchcraft which she has doctored have been infants of less than two years of age. Sanapia, however, insists that anyone of any age can be the victim of the witch. When questioned concerning the high rate of infants as witchcraft victims, she replied that some old women whose children have left them

31: Jones E-5 (1967-1970) 1972 NO6 Comanche NO6
Oklahoma

the imitative and sympathetic mystical rapport an eagle doctor possess with his supernatural patron, the eagle; and it suggests that possibly this method of witchcraft is, or was, in the form of a special Medicine solely possessed by doctors with eagle power and that doctors who possessed a different supernatural patron would also possess different method of witchcraft. The emphasis on prayers to the sun is also relevant.

The Symptoms of Witch Sickness

Sanapia feels that the symptoms exhibited by an individual who has been witched are unmistakable. Such a person feels tired and listless and is unable to retain food. He wants to sleep continually and usually suffers from fever. The unique symptom of witchcraft, according to Sanapia, is excessive perspiration on the top of the victim's head, perspiration which the victim cannot feel and which can be felt only by a doctor possessing the proper Medicine. She believes that this localized fever is caused by "foamy stuff" which accumulates under the skin surface at the top of the head. The foamy stuff is, in turn, caused by the magically toxic witch's feather. Also occurring are symptoms which are very similar to the unilateral facial paralysis which appears with ghost sickness. In the case of witchcraft, however, the victim's eyes do not water, he does not salivate excessively, and the contortions of the face, hands, and arms occur in spasmodic fashion rather than the constant state of paralysis found with ghost sickness. In both cases the contortions of the face are felt to be caused by pockets of foamy stuff which accumulate under the skin.

Sanapia feels that ghost and witch sickness are the most difficult types of sickness to treat because both are essentially unnatural and malevolent. In contrast, pneumonia, for example, is a natural sickness which does not possess the supernatural tenacity of illnesses which are backed by the supernatural and malevolent resolve of a ghost or witch. Thus with ghost and witch sickness, Sanapia must not only cure the symptomatic effects of these illnesses but must also act to neutralize the malevolent supernatural power which is somehow contiguous with these symptoms.

Treatment of Witch Sickness

When Sanapia doctors a victim of witchcraft, she utilizes *ɔapinatsu*, *ekapokowa:pi*, *kusiwɔna*, her Medicine feather, glass slivers, charcoal from the peyote drum, and her sucking horn. She prepares a thin paste of *kusiwɔna* and applies it to the area of the patient's body which she feels to be the place where the feather is located. *Tɔpinatsu* and *ekapokowa:pi* are deposited on live coals to produce medicine smoke which is wafted over the patient to induce healing.

The procedure begins before sunrise on the first day of treatment when Sanapia makes her morning prayers to the rising sun. She begins treatment proper when she feels all conditions to be favorable. Exactly what criteria Sanapia uses

32: Gilles O,X-3 (1902-c.1910) 1974
NO6 Comanche NO6
Oklahoma

actly how a store should be run proved a decided advantage for dad. His problems were different from those facing the owner of a country store in a Kansas farming community. He had to supply the wants of people from many entirely different communities. In addition, I don't recall that we even considered that we might have Indian customers as well as white; yet we accumulated an Indian business that for probably three years actually overshadowed our white homesteader trade.

An example of the diversity of tastes, though an extreme one, is tobacco. My guess at this time is that at least eight out of ten men chewed, and many both chewed and smoked. There were five popular brands of chewing tobacco, led by Star and Horseshoe. We also carried at least ten lesser brands. Our sales of chewing tobacco, in due time, were well over one hundred pounds a week. Because we tried to satisfy everyone's taste, many people gave us their business in preference to trading at a store that carried only two or three brands, expecting their customers to take what they could get.

Duke's Mixture and Bull Durham took care of most of the cigarette smokers' needs, and about four other brands took care of the rest of the smokers. The ladies' snuff wants were not so diversified. Honest, Garrett's, and Tube Rose, each in five, ten, and twenty-five cent sizes, cared for their needs.

For the first year or so, as there was no drugstore closer than Lawton, a stock of standard drugs was a must. Generally speaking, Indian country is malaria country. Though the Indian had built up a resistance or immunity to the disease, his mosquito friends played havoc with white people coming from a nonmalarial area.

Calomel, quinine, castor oil, Grove's Chill Tonic, Black Draught, and Epsom salts were musts. Castoria and Chamberlain's were mostly for the little folks. Then of course there was need of spirits and oil of turpentine for antiseptics, camphor and oil of cloves for aching teeth, and Sloan's liniment for those who developed rheumatism. Sick horses had to have spirits of niter.

Regardless of where people came from, they could bring but little food along. Few arrived in time to get out a garden the first year, and of course there were no orchards. They could make their old clothes last over, but they had to buy food. There were lots of cattle in the country, but no butcher shops. Because there was no ice, we could get fresh meat during warm weather only when someone would butcher his animals in the hope that he could sell the meat before it spoiled.

32: Gilles O,X-3 (1902-c.1910) 1974
NO6 Comanche NO6
Oklahoma

Its place was in the rear of the wagon bed. That way, if it leaked, it wouldn't damage the other merchandise.

The trip home took about six to seven hours. If the roads were muddy, it took longer. Dad was generally gone from home about fourteen hours, but the team had at least three hours to rest in Lawton. They couldn't make these trips day in, day out. We planned at least a day's rest between trips.

This particular morning Dad was ready to leave by the time I had the team hitched up, and I went in, hoping Mother had my breakfast ready. As I ate, she asked me if I had heard anything about Albert Martny's falling from a horse, catching his foot in a stirrup, and being dragged.

The Jim Martny family, one of the more prosperous Comanche families, was one of my own family's favorites. Jim was larger than most Comanches; many folks called him Big Jim. He was a multiple-wife Indian, and his favorite wife was the mother of two boys—Albert, then in his fourteenth year, and Earny, who was twelve. Jim's other wives' children were girls.

Indirectly, the way Mother learned about Albert's accident was that ours was one of the luckier towns—we had a doctor. Dr. McLain, just out of medical school, settled in our town with his young wife only a few days before we arrived. He built a combination office and residence across the street, and a bit east, from where Dad built our store building.

Mrs. McLain was expecting a baby before long; and when the doctor made an out-of-town call, Mother or Mrs. Cudyback, the wife of a saloonkeeper living directly across the street from the store, would sit with her. Occasionally Mrs. McLain would go to the Cudyback home or sit in our store until the doctor returned. The night before, both Mother and Mrs. Cudyback had visited with Mrs. McLain, and Mother was full of the story about Albert's accident. Mr. Cudyback picked up a good deal of gossip at the saloon he and his brother Will ran, and Mrs. McLain told what she learned from her doctor husband.

Jim Martny owned two well-bred racing stallions, and his other horses were of superior quality compared to the horses owned by most of his Comanche neighbors. I don't know how long Albert had been riding his father's horses in races, but early in 1902, when our town began holding races each first and third Saturday, Albert was his

32: Gilles O,X-3 (1902-c.1910) -1974
NO6 Comanche NO6
Oklahoma

492 541 father's rider. Comanche-fashion, the boy rode bareback to save the horse the additional weight of a saddle. He rode in his sock feet, as this helped him to grasp the barrel of the horse better. Many races were run from a standing start.

492 177 Comanches, who learned about horses from the Mexicans and Spanish, mount a horse from the right. (All horsemen of Europe except the Spanish mount from the left, and we Americans copy them.)

492 164 This time Albert was using a stock saddle to exercise the larger stallion. The half-wild animal bolted as Albert started to mount. Albert fell, and his right foot caught in the stirrup.

The frantic horse dragged the boy, dangling from the stirrup, through the timber and underbrush of West Cache Creek bottoms for more than two hours before the father could rope it. They sent for the white doctor right away; but when Dr. McLain saw the boy's condition, he felt death was only a matter of hours, and the setting of the bones and cleaning of his wounds would only subject the boy to additional pain.

000 He left them a supply of morphine tablets to give the injured boy, should he regain consciousness before dying. This was quite in keeping with the practice of medicine at the turn of the century. Doctors passed out morphine tablets as though they were a new cough drop they were advertising. No other medicine, other than quinine, was in as great supply or as cheap. Most families had at least an eight-ounce bottle of laudanum on the pantry shelf. In addition to its value as a medicine for humans, amateur horse-doctors found it useful.

763 When Jim's wives learned through Earny that the doctor held out no hopes for Albert, they went into the death wail, even before the doctor could leave the camp.

124 The foregoing is practically all the community ever learned directly about Albert's accident and the events immediately following Dr. McLain's departure. The rest of the story must be told much as a prosecuting attorney presents circumstantial evidence to convict a defendant of a crime when there are no eyewitnesses.

000 With Dad away I couldn't leave Mother alone with the store, and the day following an arrival of a load of freight was always a busy one. Besides the team to be cared for and the trade to be waited on, there was merchandise to unpack, mark, and put on the shelves. On nearly every load there was a fifty-five-gallon drum of kerosene to be pumped into the store's container.

32: Gilles O,X-3 (1902-c.1910) 1974
NO6 Comanche NO6
Oklahoma

It was the middle of the afternoon before I could saddle my horse 000
and leave for the Martny camp. Jim's family allotments, about six 351
miles down Cache Creek, were the last individual Indian land. When
the creek left his land it entered the Big Pasture Reserve, the ranch
country. His allotments adjoined the reserve on both their south and
east sides. There were two roads into Jim's camp, and both dead-
ended. One, the road I used to reach the camp, came from the west
and north; the other ran north from the camp to a gate into the
reserve. The latter road was the one Jim used when going directly to
Lawton or to the subagency at Fort Sill. A concept of the camp's
isolation will help the reader to have a clearer understanding of sub-
sequent events. As I have said, the evidence is mostly circumstantial.

I found Albert conscious, lying on his platform bed under the
family's large brush arbor. As I remember it, their arbor was the
largest family arbor I saw during the time I was in the Comanche 34
country, probably thirty by thirty-six feet. It had a clearance of a full
six feet at the edge or eaves and probably eight feet at the center. It
was large enough for platform beds for all, besides a sizable living
space. I saw larger arbors constructed for camp meetings, but not for
family use.

Albert's mother left us boys to our talk, and I took over the job 758
of switching the flies away with a leafy twig. Of course Albert knew
nothing of the happenings, after the first few jumps made by the
excited horse, until he regained consciousness, completely trussed up
in splints. Beyond question, he was the worst broken-up human, to be 758
living. I ever saw. 164

His right arm and leg, splinted, were lying in troughs made from
pieces of wood from goods boxes. At that time all canned goods and
food sold in cartons, like oatmeal and crackers, were shipped in
wooden boxes. I imagine the Martny wives had saved the pieces to
start the campfire.

The breaks in this arm and leg were compound fractures. That is 164
to say, one or both bones from each break protruded from the flesh.
The breaks in the left arm and leg, which were simple fractures, were
held in place with splints from the same material, but were not in
troughs. The splints were wrapped and padded with faded calico rags.

Here and there on the limbs and along the side of the body pieces
of flesh were gouged out where the horse had stepped on the flesh.
His racing shoes must have been new, for they made clean cuts.

32: Gilles O,X-3 (1902-c.1910) 1974
NO6 Comanche NO6
Oklahoma

164 Albert's scalp was torn loose from just above the hairline on his neck to about the crown of his head. This had been stitched back in place with stitches about three quarters of an inch apart. Along the stitches, and on all the wounds that were uncovered, a white powder had been sprinkled. I assumed that this was powdered calomel, as it was supposed to be the best repellent for screwworm flies.

291 Albert's body was exposed to the warm, dry air, aside from his [158] breech-cloth or G-string. This is traditional covering for a Comanche boy's private parts, front and back, from the time he reaches puberty and throughout his life.

124 From this point, aside from a meager statement made by Big Jim, we are wholly dependent on circumstances for our reconstruction of what happened. Albert, Earny, and neighboring Indians contributed nothing to the overall information. Of course, no one wasted time trying to learn anything from the women. But the circumstances confront us with a succession of phenomena, or miracles, whichever you choose to call them.

177 The white doctor was barely gone when an itinerant cowboy rode into camp and asked for food. Hearing the women wailing, he learned 000 of Albert's accident and offered to set the broken bones. He washed and cleansed the wounds and protruding bones with yellow laundry soap such as the women used when they washed clothes in West Cache Creek. (I can testify about the soap. We sold many, many cases of it over a period of years. Its trade name was Lenox, but I don't remember who manufactured it. It was carried by all jobbers and was the cheapest laundry soap on the market. We sold it at a nickel a bar, six bars for a quarter.)

Should Big Jim's soap story sound far-fetched, let me introduce some corroborating testimony. Jim Carter, who for many years was both a member of the Oklahoma City police force and my personal friend, told me this story. When he was around nineteen, he was a line rider for a ranch out from Olton, Texas, in the Panhandle. Along with a lad two or three years older, he lived in a line shack about fifteen miles from ranch headquarters.

One noonday, after they had eaten, Jim started to mount his horse for his afternoon chore. The horse started bucking before Jim was in the saddle. Somehow his weight came down on his left leg extended across the saddle seat, and the bone in the upper leg snapped, about halfway between the knee and the hip. Of course, Jim fell to the